FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 MAY - 8 . MM 12: 3.5

NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	agliaconer.
BARIRON FOR	اكالاا	ISIEN/AITIE		1 1 1 1 1 1	
ADDRESS (number and street)	17,6,9, HAIRIRITISION AIVIE				
(Check if address is changed)	سا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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		CI	тү	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)					
(Check if address is changed)	biililebarronforussienateron				
	`			<u>[</u>	
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)	سا	1 1 1 1 1 1 1 1		<u> </u>	
		1	1111111		
2. DATE					
3. FEC IDENTIFICATION NUMBER CS.2.4.7.00.1.87					
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Bill Barren					
. ,	R		ζ		
Signature of Treasurer Date 05 04 120 12					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	on FE	C FORM 1 evised 02/2009)

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